

# Cal Grant C Supplement Form

For 2009-10 Cal Grant C Awards



## TO BE FILLED OUT BY STUDENT

Please print clearly using **black ink only**.

1. Your Social Security number:

Re-enter your Social Security number: (REQUIRED)

For persons being considered for a Cal Grant C program award, this form can be completed on-line at [www.webgrants4students.org](http://www.webgrants4students.org).

2. Your name — last, first, middle initial, as it is listed on your Social Security card and FAFSA:

Your Last Name

Your First Name

M.I.

3. Your date of birth:

Month

Day

Year

4. Telephone number:

Area Code

Phone Number

5. Your permanent mailing address:

Number and Street

City

State

Zip Code

6. Your e-mail address, if available:

7. Occupational Code Number (see reverse side)

a. If Occupational Code is "00", please write in the current occupational goal in which you will seek employment after completing your study program: \_\_\_\_\_

8. Educational Plans and School of Attendance

a. Occupational/Technical Program Length (total months) ☐ less than 4 months ☐ 4-24 months ☐ 25 months

b. Name of school you will attend in Fall 2009: \_\_\_\_\_

9. Work History: Fill in the bubble that lists the number of months that you have worked in a paid, unpaid or voluntary position in any field:

☐ 0-1 ☐ 2-4 ☐ 5-7 ☐ 8-9 ☐ 10-13 ☐ 14-17 ☐ 18-22 ☐ 23-29 ☐ 30-38 ☐ 39-47 ☐ 48 or more

10. Educational History - Fill in the bubble that lists the total number of Occupational/Technical courses you have completed for academic credit. Include courses taken in high school, Regional Occupational Program (ROP), work experience, college courses and courses taken in the military.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more.

11. **STUDENT CERTIFICATION:** I have read the instructions and information accompanying this form. I understand that this Cal Grant C Supplement form is used to determine Cal Grant eligibility. The information I have completed is true to the best of my knowledge, and I understand that it is illegal to report false or misleading information. I understand that without a valid Social Security number and signature, this form will not be considered.

*I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Mail completed form to: California Student Aid Commission, Cal Grant C Supplement Section, P.O. Box 419028, Rancho Cordova, CA 95741-9028

**CALIFORNIA STUDENT AID COMMISSION**

P.O. BOX 419028

RANCHO CORDOVA, CA 95741-9028

PHONE: (888) 224-7268

E-MAIL: [studentsupport@csac.ca.gov](mailto:studentsupport@csac.ca.gov)

**This information can be completed on-line at [www.webgrants4students.org](http://www.webgrants4students.org)** The California Student Aid Commission (Commission) is currently processing Cal Grant applicants for Cal Grant C program eligibility. In order to determine an applicant's eligibility for this program, the Commission needs additional information. This information can be supplied on-line at [www.webgrants4students.org](http://www.webgrants4students.org), or if this is not possible, the applicant must complete the Cal Grant C Supplement (Supplement) on the reverse of this document and return it as soon as possible in order for your application to receive further consideration. Supplements received after the final Cal Grant C award selection cannot be considered.

Participation in Cal Grant C is limited to students who are either enrolled or planning to enroll in the Fall in a recognized vocational/technical/occupational program of at least four months in length. Students directly pursuing a four-year degree, graduate study, course prerequisites or general education courses are not eligible. To monitor the processing of your award, log-in to **[www.webgrants4students.org](http://www.webgrants4students.org)** and select "Create an Account" under the sign in button. You can use this site to view your Cal Grant status.

If mailing this form, we suggest you keep a photocopy of this completed form and obtain a U.S. Postal Service Certificate of Mailing as proof that the Supplement was mailed by the filing deadline.

## How to Complete the Cal Grant C Supplement

Please read the directions carefully and type or print your answers and fill in the appropriate ovals using blue or black ink. The numbers below refer to the question numbers on the Cal Grant C Supplement form. Your answers will be used to determine your Cal Grant C eligibility. Before mailing the Supplement, please check all of your answers carefully. If you submit an application with a mistake, you will not be able to correct it.

### 1 - 6. Student Information

Please complete all questions in this section.

### 7. Occupational Codes

Please review the occupational codes listed at the bottom of this page. Fill in the code that most closely describes your occupational goal. If your occupational code is not listed, fill in "00" and write the name of the occupation on line 7a. You should write in the occupational code that you will be working towards during the 2009-10 school year. Do not list future programs that you may plan on taking after your current program is completed.

### 8. Educational Plans

In question 8a, fill in the total length of your occupational/technical program. Total length includes coursework that you have already completed. Indicate the name of the school you will be attending on line 8b. To be eligible for payment, the total length of a vocational programs must be at least four months. **Cal Grant C benefits cannot be paid to students in four-year degree, general education, or graduate programs, or to those taking course prerequisites for enrollment into a vocational program.**

### 9. Work History

Fill in the oval that represents the total number of combined months you have worked in a paid, unpaid, and/or voluntary work experience.

### 10. Educational History

Fill in the oval that represents the total number of occupational/technical courses for which you have both completed and received academic credit. Include courses taken in high school, Regional Occupational Program (ROP), work experience, college courses and courses taken while in the military.

### Cal Grant C Supplements must be mailed to:

California Student Aid Commission  
Cal Grant C Supplement Section  
P.O. Box 419028  
Rancho Cordova, CA 95741-9028

**Make a photocopy of the Supplement prior to mailing. Obtain a \$1.15 U.S. Postal Service Certificate of Mailing for proof of mailing by the deadline.**

1. Agriculturalist (AA)	10. Court Reporter	19. Food Service Worker	28. Psychological Technician
2. Animal Health Technician	11. Dental Assistant	20. Forestry Aide	29. Physical Therapy Assistant
3. Auto Mechanic	12. Dental Hygienist	21. Laboratory Technician	30. Radiological Technician
4. Bookkeeper/Accountant	13. Diesel Mechanic	22. Law Enforcement Worker	31. Recreation Worker
5. Clerical/Receptionist	14. Drafter	23. Medical Assistant	32. Respiratory Therapy Assistant
6. Commercial Artist	15. Educational Aid	24. Musician	33. Secretary
7. Computer Science Technician	16. Electronics Technician	25. Nurse (LVN)	34. Social Service Aide
8. Correctional Worker	17. Fashion Merchandiser/Designer	26. Nurse (RN)	35. Surgical Technician
9. Cosmetologist	18. Firefighter	27. Occupational Therapy Assistant	36. Welder
			00. All Others